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ABSTRACT OF THE DISCLOSURE

A laryngoscope, for use in intubating a patient's trachea, especially in emergency situations. The laryngoscope has a camera mounted in the vicinity of a distal end of its blade to observe the patient's trachea opening and other oral internal structures in a visual field. The camera is connected, typically via a fiberoptic cable, to a lightweight portable television screen, preferably mounted on the laryngoscope handle, for displaying the visual field to the ^{a professional} intubator so as to enable him or her to observe continuously the trachea opening and other oral internal structures as he or she manipulates the intubating instrument. The laryngoscope with the camera and screen thereon preferably is held in one of the ^{a professional} intubator's hands to lift and move aside the patient's tongue steadily and constantly. The other hand of the ^{a professional} intubator then is free to manipulate the intubating instrument. Mounting the camera and the screen on the laryngoscope, which remains quite steady, provides the ^{a professional} intubator with a continuous steady display of the trachea opening and other oral internal structures on the screen while the intubator also sees directly ^{down} into the patient's mouth.

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